

#3000019108 4.19.13

State of New Mexico

Voucher Batch Report
BusinessUnit 66500 Department of Health







Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
AsOfDate 04/15/2013


Voucher	Vchr	VchrlneDescr	Distr	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
Number	Line		Line#	Description			Withhold	Year	Month		
00332133	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06105	ADAMS RICH-001	2013	04	0000099787	Adams, R. 4.1-4.
Total For Voucher											520.00

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary















Business Unit: 66500
 Voucher ID: 00332133
 Voucher Style: Regular
 Invoice Number: Adams, R. 4.1-4.5.13
 Invoice Date: 04/11/2013
 Total: 520.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345
 Pay Terms: Pay Now Schedule Payments

Payment Information		Find View All		First	1 of 1	Last
Scheduled Payment:	1					 
*Remit to:	0000097303 	Gross Amount:	520.00	USD		
Location:	001 	Discount:	0.00	USD	Discount Denied	
*Address:	1 				Late Charge	
ADAMS, RICHARD B RUIDOSO PUBLIC HEALTH OFFICE 103 KANSAS CITY RD RUIDOSO, NM 88345		Scheduled Due:	04/11/2013			
		Net Due:	04/11/2013			
		Discount Due:				
		Accounting Date:				

Payment Method		Pay Group:	
*Bank:	WFB10		
*Account:	B	*Handling:	RE
*Method:	ACH ACH	*Netting:	N 
Message:		<u>Messages</u>	

Message will appear on remittance advice.

Summary	Invoice Information	Payments	Voucher Attributes	Error Summary
Business Unit: 66500		Invoice Number: Adams, R. 4.1-4.5.13		
Voucher ID: 00332133		Invoice Date: 04/11/2013		
Voucher Style: Regular		Total: 520.00		
Voucher Processing				
<input type="checkbox"/> Post Voucher <input type="checkbox"/> Close Voucher				
<input checked="" type="checkbox"/> Revalue Voucher <input type="checkbox"/> Delete Voucher				
Accounting Instructions				
*Accounting Template: STANDARD  Account At: Gross 				
Match Action				
*Status: Matched 				
<input type="checkbox"/> Pay Unmatched Voucher				
Transaction Currency				
*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000				
Voucher Approval				
*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 				
Approval Rule Set: Payment Approval Rule Set 1 				
Self Billing Invoice				
*SBI Num Option: Group Vouchers (Auto-  SBI Number: 				
Prepayment				
Prepayment Reference:  <input type="checkbox"/> Automatically Apply Prepayment <input type="checkbox"/> Postpone Withholding				
Letter of Credit				
Letter of Credit ID:  				

**STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES**

[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000/06105	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Staff in Santa Fe also meeting with Public health staff in Farmington.					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	03/29/13	Destination:	Santa Fe & Farmington		
	Departure Date: (month/day/yr)	04/01/13	Time:	06:00 AM	Return Date: (month/day/yr)	4/5/13 Time: 06:00 PM
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .44 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	1 @ \$85/day	\$ 85.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .44 per mile	\$ 0.00	Total reimbursement to employee		\$ 520.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 520.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 4-1-13
Employee Signature Date

Division Director/Hospital Administrator Date
(As per specific division requirements)

Supervisor/Bureau Chief Signature Date

 4/2/13
Cabinet Secretary Signature Date
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)

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